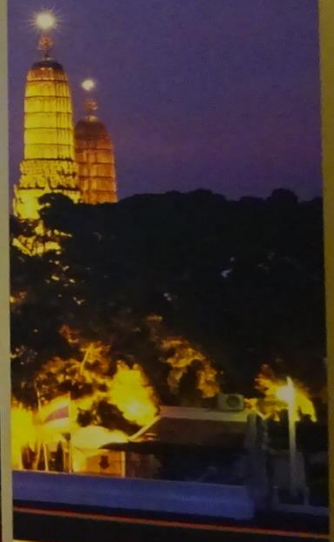


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Comparison between ATFL and CFL reconstruction and ATFL single reconstruction for chronic lateral ankle instability
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Background
 An ankle sprain is a common trauma in sports injuries, and the anterior talofibular ligament (ATFL) and the calcaneofibular ligament (CFL) are damaged in severe sprains. Primary treatments for ankle sprains are conservatively performed, and more than 80% of patients are healed and return to activities such as sports. However, in 5% to 20% of patients with ankle sprains, chronic lateral ankle instability (CLAI) remains despite adequate conservative treatment. The study aimed to compare the reconstruction surgery including ATFL and CFL with the reconstruction of single ATFL for patients with chronic lateral ankle instability.

Materials and methods

Patients	Clinical and radiographic assessment
<p>Inclusion criteria</p> <ul style="list-style-type: none"> Patients initially were performed conservative treatments for 3 or more months (immobilization, orthosis, bandage, rehabilitation). Then, they underwent a reconstruction surgery of ATFL with or without CFL for CLAI. Follow-up for 1 year after surgery. <p>Exclusion criteria</p> <ul style="list-style-type: none"> Fractures Osteoarthritis Previous history of surgical treatment <p>ATFL and CFL reconstruction: Group AC ATFL single reconstruction: Group AT</p>	<ul style="list-style-type: none"> Radiographic findings under varus and anterior drawer stress tests. A: talar tilt angle (TTA) B: talar anterior drawer distance (TAD) Clinical outcomes were evaluated using the Karlsson scoring scale and the Japanese Society for Surgery of the Foot (JSSF) scale (ankle-hindfoot). Radiographic and clinical examination were performed at 1 year after surgery.

Results

	Group AC	Group AT	p values
Gender (male/female)	2/3	2/3	
Age (years)	29 (27-53)	40 (27-44)	0.203
Preoperative TTA (°)	14 (12-19)	12 (8-19)	0.276
Preoperative TAD (mm)	7.6 (6.0-10.0)	10.0 (6.0-10.0)	0.127
Preoperative JSSF scale (pt)	40 (33-70)	46 (40-70)	0.396
Preoperative Karlsson score (pt)	42 (32-57)	52 (37-59)	0.387
Postoperative TTA (°)	3 (2-5) **	6 (3-7) **	0.046
Postoperative TAD (mm)	4.0 (2.6-6.0) *	6.0 (4.0-7.6) *	0.089
Postoperative JSSF scale (pt)	90 (87-100) *	90 (87-97) *	0.911
Postoperative Karlsson score (pt)	87 (87-90) *	87 (82-95) *	0.081

P values were examined with Mann-Whitney's U-test.
 [*] *p* < 0.05, [**] *p* < 0.01; pre- vs postoperative values with Wilcoxon signed-ranks test

Discussion
 In our study,
 • There was no significant difference in clinical results between the groups.
 • The postoperative TTA in patients who underwent arthroscopic ATFL and CFL reconstruction was significantly smaller than that in patients who underwent single ATFL reconstruction. Reconstruction techniques incorporating autografts are promising option for CLAI in the short term, although the longevity of this procedure is unclear. Although it involved a relatively small number of patients in this study, large-scale studies should be performed in the future to validate our findings.

Conclusion
 • The clinical outcomes of arthroscopic reconstruction of ATFL with or without CFL were good.
 • Long-term follow-up may be required for postoperative changes in TTA after ATFL single reconstruction.



